



Supreme Court of Wisconsin

BOARD OF BAR EXAMINERS
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MADISON, WI 53703-3328
TELEPHONE: (608) 266-9760

DEBTS

To be used with question #29 (must be typewritten).

A separate form should be completed for each applicable debt. You may copy this form.

Name _____ # _____
(first) (middle name) (last) SSN

Type of Debt:

___ Credit Card
___ Student Loan
___ Other/specify: _____ Account Number _____

Date of delinquency _____ Original amount of debt _____

Current or Final Balance _____ Date of Last Payment _____

Frequency of Payments _____ Current status of this debt: _____

Name of entity extending credit _____

Address _____

City _____ State _____ Zip _____

If different from above, current creditor on this debt: _____

Address _____

City _____ State _____ Zip _____

In the space provided below, please discuss the history of this debt, including any actions taken to collect the debt. Please indicate what steps are being taken to correct outstanding debts.